

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

7782

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St Louis (No. 13002 Sullivan)  
 File No. .... Registered No. 2149  
 St. .... Ward)

**2. FULL NAME**

Rose L. Sabath  
 (a) Residence. No. 13002 Sullivan St., 26 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William F.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 27, 1867</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>10</u>
	DAYS <u>17</u>	If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>At home 235</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>St Louis</u> (STATE OR COUNTRY) <u>Mo</u>		
PARENTS	10. NAME OF FATHER <u>Michael Marlin</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>St Louis</u> (STATE OR COUNTRY) <u>Mo</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>St Louis</u> (STATE OR COUNTRY) <u>Mo</u>	
14. INFORMANT <u>William F. Sabath</u> (Address) <u>13002 Sullivan</u>		
15. FILED <u>FEB 17 1931</u> 19 <u>May C. Stankoff</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1931, to Feb 14, 1931, that I last saw h.m. alive on Feb 14, 1931, and that death occurred, on the date stated above, at 10:42 pm.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Death from Pneumonia  
108 108 108  
13 13 13  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Blood poisoning from  
Anemia due to chronic nephritis  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Robert C. Hegler M. D.  
Feb 14, 1931 (Address) 280 Field Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St Matthews</u>	DATE OF BURIAL <u>Feb 18 1931</u>
20. UNDERTAKER <u>Wagon Bldg 2707 N Grand</u>	ADDRESS

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

